

THE MOUNT

EDITH WHARTON'S HOME

APPLICATION FOR EMPLOYMENT

Please print all information except signature.

Edith Wharton Restoration, Inc. is firmly committed to giving equal employment opportunity for all our employees and applicants for employment. We will seek and employ qualified persons in all job classifications and administer all personnel actions affecting employees without regard to race, color, sex, age, religion, national origin, sexual orientation, veteran status, and mental or physical disability

GENERAL INFORMATION

Date _____

Position(s) Applied For (1) _____ (2) _____

Referral Source Newspaper Friend Relative Website Other

NAME _____
Last First Middle

ADDRESS _____
Number Street City State Zip

Home Telephone () _____ Cell Phone () _____

E-Mail Address _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you a United States citizen? Yes No

If no, do you have a valid work permit? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Employment desired: Full-Time Part-Time Seasonal

If applying for seasonal employment, which position(s) are you applying for? (Please check one or more of the following.) This application will be forwarded to the appropriate department manager.

House Tour Guide Garden Tour Guide Ticket Office Attendant
 Bookstore Sales Associate Café Manager Café Attendant
 Grounds Maintenance

When are you available for work? _____

EDUCATION

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION | # OF YEARS COMPLETED | MAJOR & DEGREE |
|-----------------|----------------|----------|----------------------|----------------|
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Trade School | | | | |
| Special Honors | | | | |

WORK EXPERIENCE

(Please list starting with most recent)

(1) Company:

| | | | | |
|---------------------|--------|------------------------|--|--|
| Company Address: | | | | |
| Dates Employed: | | Position: | | |
| Reason for Leaving: | | | | |
| Supervisor: | Phone: | May we contact: YES/NO | | |

(2) Company:

| | | | | |
|---------------------|--------|------------------------|--|--|
| Company Address: | | | | |
| Dates Employed: | | Position: | | |
| Reason for Leaving: | | | | |
| Supervisor: | Phone: | May we contact: YES/NO | | |

(3) Company:

| | | | | |
|---------------------|--------|------------------------|--|--|
| Company Address: | | | | |
| Dates Employed: | | Position: | | |
| Reason for Leaving: | | | | |
| Supervisor: | Phone: | May we contact: YES/NO | | |

REFERENCES

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone () _____ Telephone () _____

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

SEASONAL EMPLOYMENT

Edith Wharton Restoration, Inc. makes no guarantee of season to season employment. Re-application for future seasonal employment must occur each year.

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

You are hereby authorized to make any investigation of my employment history, references and educational background. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

PLEASE SIGN HERE: _____ **Date** _____